

ALCOHOL/DRUG TEST CONSENT FORM

EMPLOYER: *If applicable, state objective facts giving rise to the belief that the employee is under the influence of alcohol or a controlled substance.*

(Print name)

I, _____ pursuant to a request by my appointing authority or as a condition of employment with the State of Nevada Department of _____ hereby give my consent to and authorize the State and the testing laboratory designated by the State to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs (**Employer: circle one or both**) in my urine, blood, or breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within the State who, pursuant to statute or regulation, have a need to know of the alcohol and drug testing results and to the use of all such reports or other medical information by the State in its assessment of my employment application and/or employment status. I understand the results of the test may not be used in any criminal proceeding.

I understand that:

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of the agency.

A positive test for illegal drugs, or my refusal to authorize the test(s) by signing this form, take the specified test(s) or produce a specimen, may result in the following action:

Applicants - rejection of my employment application for public safety related positions for one year or until I demonstrate I have successfully completed a substance abuse treatment program.

Employees - referral to an Employee Assistance Program and/or disciplinary action up to and including termination in accordance with statute and regulation.

Applicant/Employee Signature

Date

Supervisor's Signature if employee refuses to sign

Date

Witness Signature if employee refuses to sign

Date

Agency Copy
Employee/Applicant Copy

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